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A FEW DIFFERENTIAL POINTS IN THE CLINICAL HISTORY OF PULMONARY PHTHISIS AND PULMONARY TUBERCULOSIS.

By BUCK G. CARLETON, M.D., Curator and Pathologist, to Homœo Hosp., W. L. N. Y.

PULMONARY PHTHISIS.

Local disease of the lung always precedes the general symptoms.

This disease makes its appearance very *insidiously*, and unless one is on the watch it is very liable to be overlooked.

Usually this disease has a chronic course; however, it sometimes is acute, and is then a sequel of caseous infiltration following catarrhal pneumonia.

Phthisis, catarrhal or fibrous, is usually the result of a neglected bronchitis, associated with a hereditary tendency or scrofulosis.

This disease could *never* be confounded with typhoid fever.

FIRST STAGE.

This disease makes itself known by a short, dry cough (sometimes paroxysmal in character) mornings and evenings, from six months to two years previous to any other symptoms; to this cough very little attention is paid; it may be accompanied with a slight mucus expectoration. At about this time, the patient takes a cold, when the cough and expectoration will be aggravated, with pain in the region of the scapula, bronchial hæmorrhage, loss of appetite, repugnance to food, with vomiting either from the reflex irritation or from the cough, and with these conditions languor and prostration; or again, the first evidence of this affection may be hoarseness, which at times may amount to aphonia, accompanied with difficulty in swallowing and vomiting of food, associated with the symptoms just described. In this variety, the lesion makes its appearance first in the intra-scapular region, and by its induration and pressure upon the nerves causes the above symptoms, which are usually much relieved before its termination.

PULMONARY TUBERCULOSIS.

The local lesion's of the lungs are preceded, for a short period, by marked constitutional symptoms.

The stage of invasion is *marked*, as the disease is ushered in with violent and prominent symptoms.

This disease very rarely takes on a chronic condition, but is nearly always acute, and it is very infrequent for it to follow as the result of a catarrhal pneumonia. Tuberculosis is *never* the result of bronchitis, but owes its origin to cheesy foci in an individual with a tubercular or scrofulous diathesis.

This disease is *frequently* mistaken for typhoid fever.

FIRST STAGE.

Is usually ushered in by distinct rigors, high pulse, great prostration and languor, profuse night-sweats, sensorium deranged, delirious or lying upon the back in a stupor state. The cough is short, dry and frequent. This short concussive cough is a constant annoyance, keeps the patient awake at night, in this stage being especially severe and harassing. The expectoration is of a mucus character and owes its existence to the hyperæmic condition of the bronchial tubes and not to the tubercular lesion, consequently in some cases there is no expectoration. Sometimes this disease advances in the following manner. There will be for a short time prior to any local lesion a rapid loss of strength and flesh, appetite all gone, with symptoms of sub-acute gastric catarrh, more or less febrile disturbance, with marked hectic fever and profuse night-sweats from the very inception of the disease.

THE SECOND STAGE.

Sets in at the expiration of from two months to two years, and the *third* is added after a variable length of time. The cough is frequent, violent and sometimes paroxysmal in character, and so irritating that it frequently produces vomiting. Again it may be bronchial in character; as the softening and excavation advances it will have a rattling and sepulchral character. The expectoration of the second stage is tenacious mucus, and in it small yellow spots which show that the finer bronchi have become involved. These yellow spots or streaks, when examined microscopically present fatty alveola epithelium shreds of elastic tissue; the sputum is sometimes streaked with blood, and denotes lobular consolidation, and the microscope discloses epithelium from the bronchi and alveoli undergoing a *fatty change associated*.

Invasion of the alveoli are always marked by a rise in the temperature and when it remains at 102° or 103° F. we may know that the disease is advancing; when we have a patient with a constant temp. of 100° in the morning and 102° in the evening, with most of the concomitant signs, we can positively diagnose catarrhal phthisis, with blood, pus, and mucus corpuscles and granular matter. When the degeneration and breaking down of the lung tissue has commenced, grayish colored masses will be expectorated, which, when thrown into a cup, will remain apart. Microscopically, these masses are composed of young granular cells giving evidence of fatty metamorphosis. Small annular bodies, granular matter, fibres of elastic tissue, blood and mucus corpuscles. The sputum at times has a yellowish or greenish color, may be cheesy or calcareous in quality and of an offensive odor.

During the second stage there are usually slight hæmorrhages which are bronchial in character. After the excavation has commenced, the hæmorrhages become profuse and sometimes quite frequent, and are caused by the ulceration and softening of the lung tissue. As this advances, some of the larger arteries are opened, and hence this hæmorrhage, which is frequently preceded by a sensation of oppression of the chest and usually follows a severe coughing fit. During the hæmorrhage, which may amount to quarts, there is a sensation of something tickling under the sternum. Bleeding of the gums is quite frequent, and accounts for the sweetish taste in the mouth in the morning as well as for the blood found on the bedding. Patients are *very hopeful and think they are better even in their last hours*. The sensorium is clear to the last; *emaciation is slow*, not always progressive, and is accom-

THE SECOND STAGE.

Makes its appearance in from two weeks to two months, and the *third* soon follows. The cough in the second stage loose, not very severe, and is accompanied by a tenacious muco-purulent expectoration which is sometimes stringy, and when examined microscopically, is found to be composed of epithelial cells, young cells in large numbers, pus, granular and molecular matter in abundance. The sputum is sometimes streaked with blood, for the same reason as given in catarrhal phthisis, in which case there is found on a microscopical examination the same morbid products as just described, with the addition of a few blood corpuscles and a little coagulated fibrin. As the softening, disunion and excavation advances, the cough will become much less frequent and greatly ameliorated. The expectoration now becomes opaque and of a yellowish or greenish color. Sometimes the sputum has a very offensive odor.

The microscopical examination reveals young granular cells, fibres of elastic tissue, multineucleated and lymphoid cells undergoing a fatty metamorphosis, a few blood and pus corpuscles and a large amount of granular matter. The sputum frequently contains small calcareous masses.

Hæmorrhages during the second stage of this disease are exceedingly rare and when they do occur are of a bronchial nature. These hæmorrhages are never very severe, even in the third stage, when they owe their origin to the infiltration of the smaller arterial walls with tubercular structure, hence a weakening of their various coats which of necessity gives rise to rupture. The hæmorrhage of course being small in quantity, bleeding of the gums, with drying of the blood upon the teeth and lips, occurs to a limited extent. Patients are in a typhoid condition, they are very despondent, and *think that they will soon die*. Mental dullness, frontal headache, apathy, and, near the end, we have delirium and sopor; *emaciation is always progressive, rapid*, and with it, great muscular prostration. *Hectic fever is very intense* throughout the whole course of the disease, and the perspiration very profuse and exhausting. Complete anorexia, no desire for food, *thirst for small quantities of water quite often*.

panied with anæmia and loss of muscular strength. Hectic fever will be *marked*; night-sweats very profuse and debilitating, but at times they may be absent. Great thirst. Stabbing pains in the affected region, aggravated on coughing or taking a long breath, are frequently present, but they may be absent, even when a friction murmur is heard in the axillary region. Laryngitis is always present, to a greater or less degree.

Diarrhœa usually makes its appearance in the last stage of this disease, and is caused either by the irritation of the undigested food, or by catarrhal ulceration of the small or large intestines, this ulceration usually being in the vicinity of the ilio-cæcal valve. Fatty liver is a *frequent* associate; the amyloid condition is *rarely* found. Kidneys are frequently congested.

PROGNOSIS.

First stage is curable. Second stage can have marked relief, and Prof. Loomis reports in his lectures two cases where all the symptoms disappeared, and the advance of the disease was stayed.

Patients rarely complain of pain of any character in the chest.

Laryngitis is sometimes associated.

Diarrhœa is present only when a catarrhal condition of the intestines has been added as a complication, but as a rule the bowels are constipated.

Fatty liver is a very *rare* associate of tubercular phthisis, but the amyloid condition is *frequently* associated especially when the disease has taken a chronic form, lasting five or six months, in which case the kidneys frequently take on the same condition.

PROGNOSIS.

This disease is *always* fatal.

Ruehle says that he prefers to suppose that a blunder has been made in the diagnosis, when he hears the report of a case of tuberculosis cured.

CLINICAL REPORT OF TYPICAL CASE OF COMPLETE NECROSIS OF ENTIRE SHAFT OF TIBIA.

By C. H. VON TAGEN, M.D., Professor of
Clinical and Minor Surgery etc., Chicago.

There is no doubt whatever, in my mind, as to the course I shall pursue, and that is to resect and remove the entire shaft of the bone at its upper and lower epiphyses. In this I differ from the opinion of the other surgeon, who said the effect of this operation would prove much less deleterious to the nervous system, and would give the patient a better chance for his life and limb. I will state my reasons for this, to my mind, sensible conclusion. First and foremost, there will not be the great loss of blood by this operation, as there would of necessity be, in case of amputation being performed. In the second place the shock will not be nearly so marked as if amputation were resorted to, and for the simple reason that there will be no important nerve trunks involved, as there would of necessity be in the event of an amputation. The operation can be quite as expeditiously performed as that of amputation. Again, and above any and all other considerations than those just mentioned, the patient will be much better off should he recover with two limbs, than if he should lose

one, and he will also be equally well off should he die with two limbs in situ, as if one were sacrificed. Amputation is not so likely to insure a successful result as resection of the bone, for, from my own experience in many cases operated on by myself during the Southern rebellion and since that time, the percentage of loss, in my hands, has been less than those of amputation of the most favorable reported results, taken, of course, in the aggregate. The patient being now fully under the influence of anesthesia, I shall proceed to make the operation; first elevating the limb in an extended position, I press the main volume of blood far back into the general circulation, by compressing and rubbing the limb from before backwards, as you see me now doing. In this way, you can unload very thoroughly the blood from both veins and arteries, especially in a subject as thin as this one, for soft part are easily compressed. I prefer, in such cases, this method of preventing hemorrhage over that of any other. Esmarch's apparatus, for controlling hemorrhage is objectionable in this case from its power to compress. In a case of this nature, too, much compression would or might do injury to one so recently depressed as this patient has been. I am a strong advocate of the Esmarch, and I

do not want you to think otherwise, but in this instance I wish to avoid compression as much as possible and yet secure the object in view, viz: unnecessary loss of blood. Commencing my incision at the uppermost point of the diseased bone, I extend it parallel with and over the spine of the tibia, to the lower limit of the disease, which lies contiguous to the ankle joint, viz: at the junction of the lower epiphysis. I now proceed to separate and trim away the implicated portions of cutaneous and sub-cutaneous structures, and then to remove the necrosed bone from its limited periosteal attachments, and you observe how readily a very large portion of it comes away. Within this outer shell, which constitutes all that is left of the compact structure of this bone, we will find the cancellated structure also involved. By extending and deepening our exploration, we reach the limit of the invasion, and find the posterior portion of the bone hopelessly involved. This condition of affairs will necessitate the removal of the entire shaft of the bone, which we proceed to accomplish. This is best performed by means of the lever, raising the diseased structure from its bed and lifting it out. Necrosed bone, when involved to this extent, is always exceedingly brittle, especially in young subjects, in whom we find the cancellated structure predominates; and the compact portion, being thin, yields more readily to disease. The organic or vegetable properties of the bone in this instance are entirely absent, in fact, completely destroyed by disease, the residue and debris that is left is simply the concrete or earthy elements in a disorganized state. The disease seems to luxuriate upon the organic portion or elements, leaving the balance to be disposed by nature, and thus is eventually thrown off and disposed of, in fragments termed spiculæ. The operation is now completed, and we will therefore turn our attention to the after treatment. I have concluded to allow a thin strip of the bone and part of the posterior portion to remain as a means of support for the limb, which will in company with the fibula, give firmness to the part. To this portion we will apply an application of dilute nitric acid, one part to twenty of water. This I do for the purpose of hastening exfoliation of this remaining portion of diseased bone. This will consist of carbolized oil, the propor-

tions of which are five grains of carbolic acid to one ounce of boiled linseed oil; picked oakum formed into a compress with the hand, moistened with this preparation, snugly packed in, will form the immediate part of the dressing. A piece of gum cloth or oiled silk is placed over this packing, all of which is now secured by means of a roller or bandage of suitable width, applied snugly enough to retain the dressings beneath in situ. The patient will now be in bed with the limb extended, and slightly inclined from the foot, so as to facilitate circulation and thus enable the blood to flow readily to and fro. You will observe how slight the hemorrhage has been; the patient has not lost two oz. of blood throughout the operation, this is due to the precaution we observed in unloading the congested vessels; and then, by means of compression with a bandage above the point of the local disease, the circulation was controlled in the part involved. You will find, in most cases, by adopting this method, considerable advantage will be gained by the patient. This is essentially the plan known as Esmark's; only, in this instance, extemporized. Is not this a powerful argument then against amputation in this special case? I will here take occasion to add that I have been familiar with, and resorted to, this method, more than twenty years past. The regular apparatus furnished from the instrument stores being composed of elastic material. The internal treatment will consist of a dose or two of Arnica 30th. This remedy I have found, from an extended experience, to act as a preventative to any ill effects arising from operations; and it is my rule to administer it in this way invariably. The remedy most indicated by the character of the discharge is Silicia 200, and we will order this to be given and repeated, every four hours, after the second dose of arnica has been administered. Attention to diet is important. This will consist of beef tea, milk punch and egg, given such quantities as the stomach will comfortably bear. No other articles of diet will be allowed for the present.

Jan. 20th.—Our little patient has improved nicely during the past week. His general condition is better. The limb has been dressed thrice since the operation and is looking remarkably well. The discharge is of a more healthy character, approaching that known as

healthy pus—in fact, may be termed laudable pus. His appetite is improving, he relishes now what he takes in the form of nourishment. He rests well at night, is much brighter during the day, wants to sit up in bed. All the functions of the body are now being performed properly. No more sweats; and the languor and prostration which were so apparent in his expression and general appearance are now disappearing, and we feel more hopeful of a successful result. The patient is more observing, and is inclined to notice more than he was one week ago, at which time he had an abject look of countenance expressive of perfect indifference to everything transpiring about him. Treatment and diet same as last.

Jan. 30th—The patient is making good progress in every particular, and the wound especially is doing admirably well. Appetite is getting sharp, and he asks for articles of food that he would not touch two weeks ago, desiring food of a more substantial character. The discharge is now of a more laudable character, and granulating healthy, structure covers in the entire surface of the exposed surface.

Feb. 6th—This case I have had before you once since it was operated upon, and the general improvement then reported is now manifested, and has continued without a single untoward symptom. The diet may be of a more general character, as the patient complains of being hungry; we will allow him some rare cooked beef, stewed fruit, oat meal and cream, soft boiled eggs and the like. The local indications now call for Hepar sulph. as the suppuration clearly presents being of a creamy nature, or in other words very laudable.

Feb. 13th—To-day we again present to you the case of operation for Necrosis, this being the fourth appearance of the patient before you. You can see and judge for yourselves of the manifest and marked improvement of the case in every particular. All the untoward symptoms have subsided, and in their stead you observe a general improvement in every respect. Patient sleeps and eats well. His digestion and assimilation are now very good; he is rapidly gaining in both flesh and strength. It is now thirty-one days since the operation, and the part has nearly healed. There is evident proof of new bone formation—

an effort at least in that direction. We will therefore continue a generous diet, and the use of *Calcaria phos.*, with a view to facilitate and aid nature in her efforts in that direction. *Calc. phos. 200c.* will be given, and here let me say it is true messenger, in fact a sheet anchor, and can always be relied upon in a condition like the present. Its power to reproduce bone is simply wonderful, as I can testify to for the past eighteen years, and in a large number of cases. In delayed union of fractured bones, it is invaluable.

Dec. 20th—The patient has been making steady progress and has gained in every particular. His general condition of health is now *very good*. He presents a robust appearance, having gained in weight *forty-four* pounds, weighing at the present time *seventy pounds*. His color and complexion is a marked contrast to what it was in January last. There is nothing further of import to relate, excepting the fact that there has been a *complete* reproduction of new bone. The limb that was involved, to all intents and purposes, is as *strong* and *vigorous* as the sound limb, and by careful and precise measurement presents the same proportions. All the functions of the various organs of the body are normal and equally vigorous, as though the system had not been invaded to any extent. In a few words, the boy presents a picture of health, and enjoys his sports and plays as other healthy boys do, and with equal glee. The principle remedy used since last report was *Calcaria phosphorica* 30th trit. The new bone formation is equal in compactness and solidity to any healthy boy at his period of life, now thirteen years of age. Both ankle and knee joints of the once affected limb move in harmony and as well as those of the other limb. This may be truly styled a *triumph* of *Homœopathic Surgery*, and is but a sample of a large number of cases, similar in character although more critical, that the writer could produce in testimony of the good effects and wonderful results obtained under the combined influences of *Therapeutics, Homœopathic proper diet and conservative surgery*.

“Where is the vol. of Trans. of the American Institute of Homœopathy for 1876,” this question is often asked us, but we can only echo *where!*

THE SURGICAL TREATMENT OF INTERNAL HEMORRHOIDS.

BY DAVID WARK, M.D., NEW YORK.

PART I.

THEIR DEVELOPMENT AND STRUCTURE.

True internal piles consist originally of hypertrophied cellular tissue, a vascular layer of which exists between the muscular and mucous coats of the rectum. When causes adequate to the production of hemorrhoids are in operation, one or more points in the intricate plexus of veins of which the sub-mucous rectal cellular tissue mainly consists may be observed to become varicose; this is the first departure from the normal anatomical structure of the part; these points soon coalesce, forming a velvety patch, the surface of which is only slightly elevated above the surrounding mucous membrane; at this stage of their development hemorrhoids may be readily cured by medical treatment; but, unfortunately for sufferers, they rarely seek a physician's aid until their disease has made decided progress, and if the producing causes continue to act, the tumors rapidly increase in size, and are then amenable to surgical procedure only. Coincident with the growth the mucous membrane covering hemorrhoids loses its normal rosy hue and assumes a dark purplish-red, due to venous congestion. When a pile begins to rise above the surrounding parts, the mucous membrane covering it is stretched and becomes as smooth as glass; in a short time, however, ulceration usually occurs at numerous points; the surface of the pile then acquires the indented appearance of a ripe raspberry. In the large majority of cases, hemorrhoids occur in distinct tumors, rising from half an inch to one inch and a half above the rectal muscular wall to which they are attached.

The apex of each pile is often divided into two or three lobes by deep sulci, while individual hemorrhoids are separated from the adjoining tumors by strips of healthy cellular tissue. A group of hemorrhoidal tumors occupying the whole circumference of the gut, when brought into view outside the sphincter ani strongly resemble a ripe tomato, except that the red of the piles is decidedly darker than that of the vegetable. Occasionally cases will be observed in which the venous plexus of the sub-mucous cel-

lular tissue assumes a varicose condition around the whole circumference of the rectum and extending upwards for two or even three inches above the upper edge of the sphincter ani; in these cases no part of the mucous membrane is notably elevated above the rest; there are, therefore, properly speaking, no tumors, but, in consequence of the dilated condition of the blood-vessels already mentioned, and their distention with slow-moving dark blood, the thickness of the rectal cellular tissue is greatly increased. This variety of piles is a source of much suffering, and their surgical treatment is more difficult than those cases in which the piles exist as distinct tumors.

PRELIMINARY EXAMINATION.

The rectum should be cleansed by throwing up one or two enemas of tepid water, or salt and water; when the patient passes the liquid, at least a part of the hemorrhoidal tumors will be protruded; as it is essential to successful treatment that the full extent of the disease should be carefully ascertained before any operation is attempted, the tumors higher up, if any exist, must now be brought into view by grasping those lower down with a soft rag, and making gentle continuous traction; or the intestine may be dilated and examined to any desirable extent by means of a wire rectal speculum. Sometimes the piles are so painful that sufferers decidedly object to the introduction of any instrument; under these circumstances, if the patient is a female, all the tumors may be readily exposed by making downward pressure on them with the fore-finger through the recto-vaginal septum.

In order that the surgeon may be able to accomplish the greatest possible amount of good by each operation to be hereafter described, it is necessary that he should ascertain the exact number of tumors and the precise limits of each, in every case; he must not permit himself to be deceived by the deep sulci already mentioned that separate the tops of the piles into lobes, giving them the aspect to a superficial observer of being so many distinct hemorrhoids. I am not acquainted with any kind of tumors the density of which varies so greatly as that of those under consideration. When a pile first begins to rise above the surrounding mucous membrane it is almost as vascular and elastic as a nœvus; by very moderate pressure its fluid contents are readily squeezed out, and we then perceive how

very little solid tissue enters into its structure. But hemorrhoids are exceedingly liable to become inflamed here; as elsewhere, one of the products of inflammatory action is coagulable lymph, which is effused into the meshes of the cellular tissue, which becoming organized, permanently increases the size and density of the inflamed tumors; each time hemorrhoids are inflamed their density is increased by a repetition of the same process, until old specimens may be observed that have acquired nearly the close texture, toughness and elasticity of vulcanized rubber, or the hardness of an enchondroma.

TREATMENT.

Having determined these points, treatment should be commenced by injecting by means of a hypodermic syringe, one individual pile at each operation with a remedy suited to its condition. If the hemorrhoid is newly formed, soft and vascular, strong alcohol will be found effective; if the pile has been originally very solid, or has had its density increased by the products of inflammation, say to the consistence of adipose tissue, one of the essential oils may be employed, oil of wintergreen or oil of cinnamon, ten to twenty parts to one hundred of alcohol; if the tumors to be removed are as solid as well nourished muscular tissue while passive, carbolic acid will be found the best remedy, five to ten parts to one hundred of olive oil or glycerine. The remedy selected by the surgeon should be diffused as near as possible to the muscular wall of the rectum from which the pile springs, giving special attention to place the bulk of the remedy near the central nutritive artery by which the tumor is nourished. The primary effect of this operation is to excite a plane of inflammation at the base of the pile. But the inflammatory action thus induced produces results very different from idiopathic inflammation; the latter, as we have seen, causes the infiltration of plastic lymph into the meshes of the cellular tissue, a process that increases the disease by hardening and enlarging the pile; but the inflammation set up by proper treatment occludes the blood-vessels by which the tumor is nourished and causes it to slough off in three or four days. After one hemorrhoid has been disposed of, another should be subjected to the same treatment, until the whole mass is removed.

DIFFICULTIES SOMETIMES ENCOUNTERED.

When piles treated in the manner described

slough away, moderate passive hemorrhage usually occurs. A slight discharge of blood under these circumstances is useful and should not be checked; but if it offers to become at all profuse (a rare occurrence) suitable treatment should be adopted.

CASE 1.—A married lady in middle life requested me to operate on her for the removal of three very large hemorrhoids from which she had suffered about ten years. I treated her twice, each time removing perfectly one tumor. When I visited her for the purpose of operating on the third and last pile, she informed me that she was pregnant, a fact she did not previously mention. When informed of her condition, I refused to proceed with the treatment, advising her to wait until after her delivery, when I would complete the cure; both she and her husband, however, insisted that I should proceed, stating that the agony caused by the piles protruding during labor and remaining out for days afterwards was much greater than that caused by parturition itself. Being urged, I operated on the only remaining tumor, and when it came away it was followed by copious passive hemorrhage, that ceased only after the rectum was dilated, and a solution of the subsulphate of iron applied to the oozing surface. Pregnant women should not be treated for the removal of piles, because their liability to hemorrhage is greatly increased by the physiological hyperemia of the pelvic viscera during gestation, and also because the irritation set up in the rectum by treatment might, in susceptible women, cause abortion.

Around the base of old piles, and also sometimes encircling the upper edge of the sphincter ani we find varicose veins of considerable size. The distention of these vessels, I believe, is caused by the mass of piles blocking up the rectum, making pressure on its walls and preventing the passage of the venous blood into the hemorrhoidal veins. These vessels should be carefully avoided in operating, otherwise, obviously disagreeable consequences might be caused by throwing the remedy employed into the general circulation. Again if the hypodermic needle is inserted into a very vascular part of a pile, hemorrhage sufficiently free often immediately follows its withdrawal to wash out the injected remedy and prevent the expected curative effects.

The quantity of fluid injected should be

adapted to the size and density of the tumor to be removed; for small piles one drop is enough, for those of moderate and large size two, three or four drops will secure the best results.

Special care should be exercised when a solution of carbolic acid is used; the insertion of too large a quantity of this agent is apt to cause more or less complete suppression of urine, with or without strangury. When too strong a solution of carbolic acid is used for injecting a hemorrhoid, the liquid cannot be properly diffused through the base of the tumor, because the acid, being a powerful caustic, instantly cauterizes the tissue with which it comes in contact; as soon as it issues from the hypodermic needle, the injected fluid is thus pent up as in a capsule, and the intended inflammatory action fails to be excited throughout the base of the tumor, but is apt to be confined to the immediate vicinity of the imprisoned fluid, and although a good deal of irritation is often caused, and usually some good done too, the curative results are not equal to those obtained when a remedy of suitable strength is skillfully placed where it will do the most good. When injecting a hemorrhoid close to its base, the underlying muscular tissue must be carefully avoided; if any irritating fluid is thrown into the muscle, it is stimulated to contract, and distressing tenesmus, will be excited.

(To be continued.)

A NECESSITY IN MEDICAL EDUCATION.

BY N. EMMONS PAINE, M.D.,

Assistant Physician, N. Y. State Hom. Asylum.

The lack of a proper medical education has been imputed to very various causes, and many remedies have been prescribed for overcoming this difficulty; but what appears to me an essential factor has, so far as my knowledge extends, always been omitted. A necessity in the education of the properly qualified physician is generally neglected—that is, a knowledge of the natural course of a disease.

Suppose we take thermometry as an example. The temperature of a great number of healthy persons of all ages has been taken, and the general average found for all, from which are variations for age, sex and the individual. Next, the temperature has been determined, in large numbers of cases, for diseases in their various stages; and this average might be called the

natural course of the disease, as regards its temperature.

Now, in practice this same plan should be followed. Every disease, in a large number of cases, should be allowed to run a natural course, unchecked or uncontrolled by any medicine; observations of pulse, &c., made; its duration and termination noted, also the condition of patients as influenced by age, sex, temperament and surroundings.

When, for instance, our thousand cases have been carefully recorded, not only can the natural course of the disease be ascertained, but also the deviations in individual cases and under varying circumstances.

Armed with this knowledge, what an advantage has the physician already obtained in prognosis and treatment. Suppose one thousand cases of measles have been carefully noted and properly tabulated, and the results of unassisted nature indicated under all the varying conditions, influences and circumstances. This would be the natural course of the disease, and this is what every practitioner should be able to recognize, and moreover should utilize, by putting each individual patient in his proper position, as guided by the condition of that patient. This tabulation has been made to a certain extent, but not yet carefully enough; and besides, no account has been taken of the results of medication. A physician has a large number of cases of an acute disease. He throws them together, gets the average of the pulse, temperature and respirations, also of age, temperament, duration of illness, and time of occurrence, but takes no notice of measures he may have adopted for reducing pulse, &c.; and readers are greatly deceived by what appears to be the natural course of a disease. Therefore, at the start, we need to know the natural course of all diseases, and, knowing that, variations will very readily show themselves as such to the observer.

Just as histology should precede pathology, so the natural should be recognized before the abnormal course of disease. Such abnormality may be produced by medication or other causes.

As this knowledge of the natural is, in its nature, elementary, although difficult of acquisition, it should be taught in the medical colleges at the same time with diseases and their diag-

nosis, and further illustrated at the bedside with clinical instruction.

Naturally, this would necessitate longer study and a good supply of brain power on the part of the students; but that would scarcely be urged as an objection. And further, would such a step inconvenience the professors? But are they not supposed to be thoroughly acquainted already with their departments? And is this not a part of what they should teach?

If the question of superiority of treatment is ever to be decided, it will be done only in this way. Homœopaths say they improve on nature by cutting short the duration and moderating the severity of diseases; and that allopaths often would accomplish more by less drugging.

Allopaths say it is dangerous to leave Nature to itself; it needs active assistance, and they give it; and that homœopaths, if they are successful, are so from doing nothing; and further, that by inaction they become culpable.

Now, when the natural course of any disease has once been obtained, the results of allopathic and homœopathic experimentation may be compared with this standard, and the truth once for all determined.

If Nature has a lower mortality rate and better cures than either method of practice, the fact should be certainly known before much more time has passed. If Nature unaided restores ninety per cent. of the various illnesses, while Nature assisted by homœopathy gives ninety-five per cent. and allopathy eighty-five per cent., that would be a fact incontrovertible and overpowering, and would settle at once all questions of excellence of practice. Now one side throws against the other bare assertions, remarkable cures in individual cases, and statistics made up with varying degrees of fairness, or under a great diversity of conditions.

The body of men who would honestly, fearlessly and faithfully obtain these three tables,—of Nature, homœopathy and allopathy,—would gain the undying gratitude of one school and the deadly hatred of the other—would raise medicine high above where it now is, and secure for themselves the enthusiastic praise of mankind, both now and for time to come.

CHRONIC CYSTITIS.

BY F. S. WHITMAN, M.D. BELVIDERE, ILLS.

Chas. F.—æet. 24, came to me early in June,

1877, suffering from the following train of symptoms: complete incontinence of urine, so that he was obliged to wear constantly a rubber contrivance to receive the urine as it dripped away from him. At times he was able to retain the urine for an hour or two, but when this did occur (which was rarely) the urine started so suddenly that he was unable to reach a proper place to void it; and in this way he came to wear the rubber receptacle night and day. To use his own language, "he had lost all confidence in his bladder." The voiding of urine was accompanied by intense pain, especially near the end of the penis, and for some time after urinating also. The urine itself was thoroughly mixed with blood and mucus. The whole region of the bladder was sore and tender to the touch. Owing to the constant worry and pain, and also to the lack of rest caused by so frequent urination, the patient was very much reduced in flesh, notwithstanding the appetite was normal. Pulse was small, but natural; bowels costive; tongue slightly coated. This train of symptoms had been present for nearly six months, gradually growing worse, until now life was a burden. The patient, for the first three months of his sickness, had been under homœopathic treatment, and for the last three months under Allopathic, the latter consisting in treatment by one of the most eminent surgeons, and also one of the most eminent practitioners in Chicago. The symptoms, especially the pain in head of penis, and also the severity of the pain *after* urination, together with the incontinence of urine, etc., were so strongly indicative of stone, that he was subjected to a thorough sounding by the Chicago surgeon, with only negative results, and the remark that "he (the surgeon) wished it was a case of stone in the bladder, as then he would be reasonably sure of a cure, whereas now it was extremely doubtful." The patient returned home lighter in purse and flesh, and more melancholy in mind. This was the condition in which I found him. I could not promise him a cure, but told him I would do the best I could for him. I placed him partially upon the milk diet, giving only a very little meat, telling him to avoid spices, and all pastry. As upon microscopic examination of urine he had been told in Chicago, that pus globules were present, I placed him upon Merc. sol. 3x,

for a week, with no perceptible improvement. I then gave Puls. 3x, for a week with, the same negative result. My next prescription was *Equis. hyem.* 0., which afforded temporary relief, but soon the patient was as bad as ever. I then put him on Bell. 1x, and Nux. vom. 1x, five drops once in two hours, alternately. Already in three days, a marked improvement was manifest; in two weeks, with no change of medicine, the rubber contrivance was laid aside, no more to be resumed, and "confidence in the bladder" was restored. I kept him under the same medicine for four weeks more, when I discharged him cured, and he has not had one particle of trouble since. Upon looking over my notes, I find that I have omitted one or two points that should have been mentioned, and I will here insert them, even if they are out of their connection. The patient was troubled with severe erections at night, for which *Canth.*, *Camph.*, etc., were unavailingly prescribed. When the cause was removed, the erections disappeared. There being a desire for it, I allowed sexual intercourse once in about ten days, which had been totally proscribed by his former attendant. I have written up this case for the purpose of showing that in the mania for *new* remedies we are apt to overlook the old reliables. Some may cavil also at cures with two remedies, but while I am willing to acknowledge that the one remedy *may be* (not always necessarily is) the most scientific, I am exceedingly well pleased to be able to cure such a case with alternate remedies.

HOMOEOPATHIC HOSPITAL, BUFFALO, NEW YORK.

GASTROTOMY FOR STRICTURE OF OESOPHAGUS;
DEATH FROM EXHAUSTION ON THE FIFTH DAY.

BY H. C. FROST, M.D.

G—F—, aged 40, German laborer, was admitted into hospital, June 28. There had been difficulty in swallowing for about four months. Since May 1, had been unable to swallow solid food, living on fluid and semi-fluids. June 24, could not even swallow fluids. June 29, the day following his admittance, I succeeded in passing a small bougie, which enabled him to take a pint of milk, but the passage soon become occluded, and after that time all attempts to pass an instrument were unsuccessful. When he en-

tered the hospital he was very much emaciated and quite weak. His pulse was regular and of medium strength, beating about 70 to the minute. Temperature 98°. He complained of pain at lower region of thorax, which seemed to radiate in every direction, especially towards pectoral and scapular regions. There had been no show of blood or anything to indicate ulceration of the constricted mass. All symptoms pointed to a cancerous stricture of the oesophagus, low down in the thoracic portion, which would preclude the idea of oesophagotomy, if operative measures were thought of. I told him plainly of his condition, and its inevitable result, unless a most dangerous operation was performed, that of gastrotomy, which gave him about one chance in twenty.

June 3, at 11 A. M., he was placed under the influence of chloroform. A longitudinal incision, two and one half inches in length, was made at the outer border of the left rectus muscle, its upper limit being about an inch below the costal cartilage. The tissues were divided lying external to the peritoneum, and when all hæmorrhage had ceased, the latter was opened. The stomach was pulled to the opening in the abdominal walls, to the lips of which it was firmly sutured with silver wire; an opening about half an inch in length was then made into the stomach, and a plugged silver tube introduced, which was retained in place by straps. He reacted well. Two hours after operation, an ounce of milk containing half a drachm of brandy, was introduced into the stomach. Enemata of milk and brandy, or beef tea, were given at intervals of three or four hours. During the first 90 hours following the operation his condition remained about the same. There was scarcely any pain in the region of the wound, and the feeling of "goneness" occasioned by the want of food in the stomach had entirely disappeared. Nutriment was introduced into the stomach three times each day. During the first 24 hours considerable bile was ejected. There were no symptoms of peritonitis. He died of exhaustion, 102 hours after the operation.

Autopsy six hours after death. No adipose was visible. Old pleuritic adhesions. Slight tubercular deposits in apex of left lung. Heart atrophied. Liver enlarged. Epitheliomatous constriction of oesophagus three inches above stomach, infiltrating contiguous structures. Stomach

contracted; inner coat congested. Union between stomach and abdominal wall complete. No indication of peritonitis. Other organs healthy. Drs. Bull. Hoxsie and Bathig were present, both at operation and autopsy.

In the London Medical Times and Gazette, of Aug. 5th, 1876, is a table of all known cases of gastrotomy up to date. They are sixteen in number, all of whom died, ten of them living less than three days. Since that table was published M. Verneuil of the "La Pitie" Hospital, Paris, performed the first successful operation of gastrotomy. With the exception of one, these operations have been performed in Europe.

Dr. Tinard thinks shoulder presentations the results of a relaxed condition of the abdominal walls, and suggests in these cases a bandage worn in the latter months of pregnancy. He states that in more than twenty cases where shoulder presentations were recognized before labor set in the mal-presentation was rectified by the use of the bandage.

DR. JOEL MADDEN, physician of the State Prison at Sing Sing writes that the health and moral condition of the prison is improving. The punishments are not so many by one-half as they were six months ago. The prison is well ventilated, the air kept pure, and the prisoners supplied with abundance of healthy and nutritious food. Of course among the patients there are a large number of cases of stricture, which are sometimes difficult to manage, he says I have produced a discharge in a number of cases of retention caused by strictures that could not be passed by the smallest bougies, and when hot baths and local operations have proved useless. I use the No. 50 pellet saturated with the fl. ex. belladonna one pellet every half-hour. I have twenty (20) cases of stricture mostly at neck of bladder, and have never failed to produce a discharge when mechanical means failed.

Have had two severe cases of Cystitis produced by the use of wire introduced for pleasure which were cured by the internal use of the fl. ex. arnica mont, one pellet every half hour, and a local application of fl. ex. Belladonna ($\frac{1}{16}$) over the abdomen.

The convicts with very few exceptions like the treatment.

A NEW, CHEAP, AND SELF-GENERATING DISINFECTANT.—Under this title, Dr. John Day, of Geelong, Australia, recommends for use in civil and military hospitals, and also for the purpose of destroying the poison-germs of small-pox, scarlet-fever, and other infectious diseases, a disinfectant ingeniously composed of one part of rectified oil of turpentine, and seven parts of benzine, with the addition of five drops of oil of verbena to each ounce. Its purifying and disinfecting properties are due to the power which is possessed by each of its ingredients of absorbing atmospheric oxygen, and converting it into peroxide of hydrogen a highly active oxydising agent, and very similar in its nature to ozone. Articles of clothing, furniture, wall-paper, carpeting, books, newspapers, letters, etc., may be perfectly saturated with it without receiving the slightest injury; and when it has been once freely applied to any rough or porous surface, its action will be persistent for an almost indefinite period. This may, at any time, be readily shown by pouring a few drops of a solution of iodide of potassium over the material which has been disinfected, when the peroxide of hydrogen which is being continually generated within it will quickly liberate the iodine from its combination with the potassium, and give rise to dark brown stains. It may be applied with a brush or a sponge, or, if more convenient, as is the case with certain articles, such as books, newspapers, and letters, it may be simply poured over them until they are well soaked; they may then be allowed to dry, either in a warm room or in the open air.

A CURE FOR DRUNKENNESS.—The *Scientific American* contains an account of an experimental test of Liebig's theory for the cure of habitual drunkenness. The experiment consisted of a simple change of diet, and was tried upon twenty-seven persons, with satisfactory results. The diet proposed is farinaceous, and in the cases reported was composed of maccaroni, haricot, beans, dried peas and lentils. The dishes were made palatable by being thoroughly boiled and seasoned with butter or olive oil. Breads of a highly glutinous quality were used, care being taken to prevent their being soured in course of preparation. In this explanation of the theory Liebig remarks that the disinclination for alcoholic stimulants, after partaking of such food,

is due to the carbonaceous starch contained therein, which renders unnecessary and distasteful the carbon of liquors. If this plan proves successful, it will be the medium of effecting a more thorough reform than years of legislative enactment or spasms of social work can possibly accomplished.

PROGNOSIS IN CEREBRAL HEMORRHAGE.—It is often important to be able to give a reasonably correct opinion as to the result of apoplectic attacks, in answer to inquiries by friends and parties interested. Dr. Lapponi, in the *Revista Clinica de Bologna*, presents some valuable hints on this subject, which may be epitomized as follows:

Those attacks in which coma continues over twenty-four hours are fatal. There are a few exceptions which extend the farthest limit to three days.

There are but few attacks followed by slightly prolonged coma, in which one fails to observe, before the return of consciousness, occasional yawnings separated by intervals more or less prolonged. But if these yawnings occur soon after the attack, if they are frequent and succeed each other rapidly, a fatal termination is certain.

Paralysis of the buccinator always indicates a serious attack, as the seat of lesion is not far from the medulla oblongata. Equally grave, and perhaps more so, is labio-glosso laryngeal paralysis, which the author thinks he was the first to observe. Here the paralysis is of the hypoglossal and a portion of the facial nerve, from lesion of bulb.

All cases in which, thirty or forty minutes after the attack, vomiting occurs without nausea or effort, being a veritable regurgitation of the contents of the stomach, will terminate in death. The value of this symptom is due to lesion of the vagus nerve.

Paralysis of the pharynx, from lesion of the origin of vagus, and polyuria supervening a few hours after the attack and due to lesion of the bulb, alike indicate great danger.

Extreme depression of temperature occurring soon after the attack, is often the prelude of death. But if there succeed to this initial fall of temperature a reaction which raises the temperature above the normal standard, the prognosis is unfavorable without exception.

Finally, the *decubitus acutus*, so well described by Charcot, is a fatal symptom.

TREATMENT OF TINEA FAVOSA.—Dr. Vigir mentions two cases of this disease cured by external application of the oil of cade. The head was washed morning and night with soap and water, after which it was anointed with oil of cade, and covered with an oil-silk cap. Cod-liver oil was given internally.

"In the case of rabbits that had been bitten by a rattlesnake, Stern tried a solution of the gall of a rattlesnake, $\frac{1}{10}$ diluted with water; and with the best result." (Vide Ziemssen, vol. iii, p. 551.) Such an assertion upon homœopathic authority would be passed in silence by the "regular"—but is not this example within the domain of "Similars?"

BABY OPIUM-EATER.—Dr. Little reports a case of an infant with suppurative inflammation of the knee-joint, who, when under eight months of age, took on one occasion two ounces of Magendie's sol. of morphine (equal to thirty-two grains) in twenty-four hours.

VOMITING IN PREGNANCY.—Dr. Labelski, of Warsaw, employs ether or chloroform spray in this often serious trouble, with great benefit. The spray is applied to the epigastric region and to the corresponding portion of the vertebral column, for about five minutes, every three hours.

SORE NIPPLES.—Dr. Haussmann, of Berlin, recommends for this trouble the use of lotions containing five per cent. of carbolic acid. The nipple should be washed before nursing.

CHRONIC PHARYNGITIS.—Prof. Pippingsköld treats this catarrh by gargling, morning and evening, with water of the temperature of 59° to 68° F.

CLINICAL CASE.

BY GEORGE ALLEN, M.D.

A. H., admitted to Hom. Hosp. W. I., November 20th, 1877, with catarrhal phthisis, third stage. By December 20th, her condition had been much improved under the administration of Bryonia. On three different occasions, while taking Bryonia³, she developed well marked pleuritic pains. On each occasion, one or two doses of Bryonia⁶ gave relief at once, although repeated doses of Bryonia³ produced no effect whatever.

The Homœopathic Times.

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J. B. GILBERT, M.D.

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"A regular medical education furnishes the only presumptive evidence of professional abilities and acquirements, and ought to be the ONLY ACKNOWLEDGED RIGHT of an individual to the exercise and honors of his profession."—Code of Medical Ethics, Amer. Med. Ass., Art. iv., Sec. 1.

BE ONE THING OR THE OTHER.

"Be one thing or the other!" shouts the exclusive. "Admit and stick to the point, no matter what may be the result, that the principle *Similia* is the only law of therapeutics, and when properly applied, can never fail, or take your stand among the empirics, and have no fellowship with us." The dogmatism of these would-be exclusives can hardly find a parallel in the world's history. Such a spirit would place the strongest fetters upon all liberty of thought and freedom of action, and turn the finger on the dial plate of time backward to the darkness of darkest ages. Such a spirit is not the spirit of progress and of science. What law in nature has been found to be infallible, meaning what we supposed it meant fifty or even twenty years ago. The "everlasting rocks" are crumbling away. The stars which we call "fixed" are sweeping along the infinite space, swift as thought. All things in the universe are fluent; nothing is fixed. And yet a few would-be philosophers pretend to decide precisely what is law as applied to cure; to shout at every divergence from their interpretation of law, at every unfolding of new ideas in other realms of thought, "Be one thing or the other!"

We prefer being freemen, bound by the trammels of no sect, to the friendship of those would-be exclusives in medicine. If this is treason, make the most of it.

A GREAT WORK.

The most complete and valuable medical book ever published is now in process of preparation at the National Medical Library, at Washington, under the direction of Army Surgeon I. S. Billings, aided by a force of seven or eight clerks. This library is the largest and most complete medical library in the world, containing not only a copy of every medical work published in this country, together with complete files of all medical journals, but the leading medical books published in all other countries. This work will be a catalogue of the contents of the library. But it will be something more than an ordinary catalogue, for it will contain an alphabetical classification by names of titles of all diseases, wounds and affections, to which human flesh is subject; all known remedies, theories of treatment, and descriptions of special cases; giving, at the same time, the names of authors, and the books and pages in which such matters are treated. When we take into consideration the fact that the library contains more than ninety thousand volumes, in all languages, and some of them written on parchment long before the period of printing, we can form some idea of the inexhaustible wealth of this great treasure-house of science.

In previous centuries, the ideas of a few leading minds were strongly impressed upon the profession and the schools of medicine thus formed were arbitrary and dictatorial as bigotry and intolerance could make them. Firmly seated on special hobbies, they could see nothing good outside of them, and were totally blind to any merit which might be possessed by those who could not repeat the shibboleth of their school. In the present century, careful investigation and the close scrutiny of scientific research are substituting deductions built upon the most solid array of facts for those finely spun theories which were often but little more than figments of the imagination. We are just stepping out of the old ruts into the

broad and fresh fields of liberty and truth. We are breaking the fetters of party, especially in theology and medicine, and working more to practical results than to formulated systems. The great agent in accomplishing this most desirable result has been, and is, the journalistic literature of the world. Through this channel the ablest minds in the profession give to their brethren the results of their practical experience—experience purchased through days and nights of toil at the bedside, in the laboratory, or with the microscope. The progress of the world of science in medicine is clearly pictured in our journals; our text books and monographs doing but little more than gather together the information which has just been given to the world through the medical journal.

This catalogue will gather together all these facts, registering them under their appropriate heads with the proper reference to book and page. It will, of necessity, be an unsectarian book, and will place within our grasp an array of facts, theories and opinions, which a man could not obtain in any other way in a lifetime of patient labor.

The catalogue will embrace a series of seven or eight volumes, each about the size of Webster's Unabridged Dictionary. Should Congress authorize its publication, sets will be distributed to medical and surgical libraries, and sold to private individuals at the cost of publication. A book of this kind must have an immense influence in crushing out the bigotry and intolerance of exclusive sects, and giving us a medical profession loving and respecting liberty of thought, and zealous for truth.

Bibliographical.

The Monthly *Hom. News*, published by our friend Luyties, at his renowned pharmacy in St. Louis, is one of the most sprightly and practical little sheets that frequents our table, and as its name indicates, contains nothing but *news*.

For fifty cents it is sent to any address, and a better investment cannot be made.

CLINICAL THERAPEUTICS.

By Prof. Temple S. Hoyne, A. M., M. D. etc., vol. I, part V.

This number contains "conclusion of *Nit. ac.*, *Phos. ac.*, *Sepia*, *Silicea*, *Staphisagria*, *Alumina*, *Causticum*, *Cocculus*, *Chamomilla*, and *Hep. Sulph.*," and with an elaborate index completes vol. I, at 600 pp.

The volume complete can now be ordered from any Hom. pharmacy, and we have nothing to add to our already favorable notice of the work which is rapidly finding its way into the hands of the profession.

"A Systematic Treatise on Diseases of the Brain and Eye; for general practitioners and students. By C. P. Hart M.D., formerly Chief Surgeon of the Eye Department, Brown General Hospital, Louisville, Ky., etc., etc., with numerous tables and illustrations. Octavo, 428 pp., E. A. Lodge, Detroit."

THE CARE OF OUR EYES.—By Henry C. Angell, M.D., Prof. Ophthalmology in Boston University &c., an admirably written and arranged little work reprinted from the "Atlantic Monthly" and intended for laymen, has been received, and we trust the profession will not hesitate to generally recommend it. Dr. Angell has *again* done himself great credit, and those with whom he is connected *honor*, in the work before us.

Lectures on Homœopathic Pharmaceutics. By F. E. Bæricke, M. D.

The Human Eye; its Optical construction popularly explained. By R. E. Dudgeon, M.D., 92 pp., London, Hardwicke, & Bogue.

The Science of Therapeutics in outline. 46 pp. By J. P. Dake, A.M., M.D.

"A systematic arrangement of principles concerned in the care of Human Health, showing their several departments."

Diseases of Infants and Children, with their Homœopathic Treatment. Edited by T. C. Duncan, M.D., assisted by several Physicians and Surgeons. Part 1, Chicago, Duncan Brothers, pp. 160. Price \$1.00.

The volume before us is a portion of the pro-

posed complete work in this *specialty*. It commences "with general observations," and then follows "ante-natal development; diseases of the fœtus; congenital affections; viability of the malformed; medical jurisprudence of viability; hereditary transmissions; accidents incident to birth; changes at birth; management after birth; asthenia; the management and diseases of the umbilicus; infant mortality." From a cursory glance we should congratulate Dr. Duncan on the success of his undertaking, and certainly no Homœopathist can afford to be without it.

CYCLOPEDIA OF THE PRACTICE OF MEDICINE.
EDITED BY DR. H. VON ZIEMSEN, VOL.
XVII, GENERAL ANOMALIES OF NUTRITION
AND POISONS. NEW YORK, WM. WOOD & CO.

This great work is rapidly approaching completion. The present volume contains excellent articles on three forms of blood diseases—hæmophilla or bladder disease, scurvy, and purpura hæmorrhagica. The history, symptomatology, and pathology, are given with great clearness, but the treatment in this as in all the other volumes of the cyclopedia is of the most meagre character and seems to be considered altogether of secondary importance. This however, is not a matter of much regret to us, for with the general symptoms and pathology distinctly stated we are enabled to study out from our materia medica a more scientific and satisfactory line of treatment than the authors would give us if they saw fit to discuss the matter. The course pursued by the authors of the various papers in this vast work is undoubtedly the wisest. Facts are given clearly, and in sufficient détail to permit every reader to form his own theory and adopt such treatment as seems to him best.

The concluding half of the volume is devoted to a discussion of poisoning by metalloids, acids, alkalies, earths and their salts, and includes a pretty extensive use of poisonous drugs. This part of the volume will probably be more thoroughly studied than any other part of the cyclopedia, from the fact that it aims to give the actual symptoms and pathological conditions found in acute and chronic poisoning by certain drugs. With the minerals the symptomatology is very meager, and the pathological picture lacking in minute details, and even in general outlines. In looking over the vegetable poisons one would almost suppose he was read-

ing a condensed homœopathic materia medica, but even this part of the work lacks in the completeness of the picture which is found in our own materia medica. Let medical men each call the law of similars by whatever name he chooses, and stamp it with any theory he likes, the fact is becoming more and more evident, that this law, under different names, is fast taking its rank in the best minds in the medical world as the great law of therapeutics.

THE ORGANON. A QUARTERLY ANGLO-AMERICAN JOURNAL OF HOMŒOPATHIC MEDICINE AND COLLATERAL SCIENCE.

The second number of this Journal is before us. It opens with an article by Dr. Ad. Lippe, on the law of *Similars*. Like most of this amiable gentleman's writings, the article is full of assertions unsupported by proofs. He seems to think "thus says Dr. Ad. Lippe" quite sufficient to satisfy the most exacting. This kind of egotism is an amiable vice and is not likely to do much harm. The rest of the journal is full to the brim with pure unadulterated homœopathy. As we are classed among the mongrels our judgement might not be considered valid as it regards the quality, so we earnestly advise our readers to subscribe for the journal and taste for themselves.

Atlas of skin diseases by Louis A. Duhring M.D., Part III; Eczema (squamosum); syphiloderma (papulosum is pustulosum); Philadelphia, J. B. Lippincott & Co., 1878. Part III, of Prof. Duhring's admirable work is fully equal to its predecessors. A great advantage of this work is that each illustration is photographed from a typical case. The atlas press in giving a history of the case, gives also a general description of the disease. The work is intended more for purposes of accurate diagnosis than for treatment.

"Transactions of the Hahnemann Medical Association of Iowa, 9th Annual Session." Full of interesting material, and giving evidence of an indefatigable worker in its secretary, Dr. E. A. Guilbert.

YOUNG DOCTORS *VERSUS* POLLY- WOGS.

MESSES EDITORS.—In the June number of the "TIMES," was a valuable contribution to polite (?) literature from the versatile and would-be caustic pen of Professor Jones, formerly of the "land of the mosquito and the sand-clam," but just at present of the University of Michigan.

This self-constituted Ishmael of the profession, whose hand is against every man, and who supposes every man's hand against him, as usual has a difference with somebody.

Somebody has said something, and Jones, as usual, says—"You lie!" Now anyone who knows him, knows that that *always* makes Jones mad. He therefore sallies forth, and according to his creed—"wherever you see a head, hit it,"—not content with dubbing a fellow-physician of fewer years, but more manners than himself, a "'prentice," he proceeds to attack the whole genus at once in a broad but low comparison.

Any one would thereby be led to infer that the learned "Prof." was born full-size, with a double row of permanent teeth—*dentes sapientiae* included.

"Young doctors are like pollywogs!" Are we from this to conclude that the point of issue between the Prof. and the virtuous Couch, is a mere matter of so much *tail*?

Is this a result of the action of *Picric Acid*, or is its therapeutic value hoped to be elaborated by so wholesale and sweeping a comparison.

From whom shall we expect toil, and desire for experimental knowledge, if not from the young; and are they to be ridiculed?

Further, if young physicians are pollywogs, are the elder members of the profession, as Jones, bull-frogs?

If so, we would call the attention of the member from N. J. and Mich. to the fact that the croak of the frog is no evidence of the size of the pond, or *vice versa*; but where it is the loudest, you may naturally look for scum.

But we have all had enough of the *Picric Acid* controversy; and if Dr. Jones is really a full-grown frog, let him demonstrate it at once by dropping his *tale*.

July 30th, 1878.

H. J. ANDERSON, M.D.,
Newark, N. J.

LACTOPEPTINE.

This well-known preparation is now used largely by the better class of physicians in chronic complaints involving the digestive and assimilative systems. It approaches so near to nature's compounds in the intestinal canal, that it supplies a deficiency not reached by any other preparation of the laboratory. It is so skilfully prepared, that the most fastidious do not object to its taste. It is coming now into use for Vomiting in Pregnancy, Cholera Infantum, and Constipation, and will, during the summer, be often resorted to for Diarrhœa caused by long continued insolation. A more extended use would probably develop more extended application. *St. Louis Clinical Review*, May 15th, 1878.

As the members of the medical profession are particularly interested in the proper administration of our postal service; and as, in consequence of the indiscretion of incompetent subordinates, great inconvenience often occurs in the delivery, especially, of matter of the second and third classes, we would urge our colleagues to report any discrepancies or irregularities to Postmaster James, and we are sure this most efficient officer will promptly afford such investigation as the subject demands, with such correction and relief as the circumstances require.

MARRIED.—Dr. M. T. Runnells to Emily L. Johnson; both of Indianapolis.

THE CATHOLICITY OF DRUG ACTION.*

BY T. F. POMEROY, A.M., M.D., OF DETROIT, MICH.

Every student of the homœopathic *Materia Medica* has observed the universality of the relations that each and every drug embraced in it sustains to the human organism. So apparent is this, that to every casual observer even, and to every tyro in its use this fact presents the chiefest difficulty to a complete and satisfactory understanding of it, and the greatest obstacle in the way of its correct application in practice. Regarding the *Materia Medica* in its entirety, the

*Read before the Detroit Institute of Homœopathy, March 18, 1878.

individuality of each drug is lost in the magnitude of its comprehensiveness, and it is only through the most diligent study of its component parts, supplemented by that knowledge which a bedside use of it can alone supply, that the characteristic individuality of each drug may be recognized. In this respect resembling most closely, and significantly too, the study and knowledge of the organism to which it is sought to be applied, and of those phenomena whereby it manifests itself to the outer world. Most conspicuously is this universality of relation observable in the polychrest and in the so-called anti-psoric remedies, and proportionately so in all the rest of the proved drugs embraced in it. The immense range of the action of *Calcareo-carbonica* and *Sulphur*, both pathogenetically and therapeutically, and of *Arsenicum*, *Belladonna*, *Bryonia*, *Mercurius*, *Nux-Vomica*, *Rhus* and *Pulsatilla*, in a more limited sphere, supplies ample illustration of what is true of all the rest in a greater or less degree, and which an every day application of them abundantly verifies.

The fact which I have thus briefly noticed, and which is so amply and so readily recognizable, is a most significant and important one, as it demonstrates the action of universal and invariable law, which in turn recognizes fundamental and natural principles; those principles that determine the relations and the phenomena of the universe in its most restricted as in its widest aspect, and to which I have referred only for their recognition in what I shall further say in the illustration of my subject.

When we regard the fact that the human organism must necessarily hold only those constituent elements that are common to the mineral, vegetable and animal kingdoms in nature, the point of my reference will be readily comprehended, and the necessity for their most intimate relationship recognized. Just as truly, then, as in chemical analysis and combination, must pathogenetic and therapeutic relations be dependent on the action of general laws. This fact, that the various products of the mineral and vegetable kingdoms, from the identity of these constituent elements, are capable of materially changing the action and the conditions of the animal economy, and this uniformly and invariably, fortified as it is by the farther fact that these same products differently applied are competent to restore the disturbances thus made

to the normal standard, abundantly proves that it is only through the requirements of natural laws that the human organism may be affected in its relations to health, as to every other relation that constitutes Life. It must follow from these premises, that any system or method of therapeutics, to be a natural one, must conform, proximately at least, to exact laws, and be controlled by their action, and to that degree become exclusive and exacting.

In this connection it is proper to observe the significance of the fact that the pathogenetic action of drugs is diffuse and not concentrated, as it establishes the universality or catholicity of that action through symptoms which, though diverse in their manifestations, are nevertheless capable of harmonious arrangement and association. It is through this capability that pathological conditions are recognizable, and that therapeutic relations are established. Symptomatic phenomena, then, rather than the apparently resultant pathological state, supply the true indications for therapeutic guidance, thus completely overthrowing the fallacy of homœopathic prescriptions being predicated, primarily or mainly, upon pathological conditions. This is made the more apparent when we consider that the sphere of pathogenetic observation in relation to drug action must be the limit of therapeutic relation; or, in other words, as we observe the action of drugs pathogenetically, so must we apply them therapeutically. If any particular drug, or if groups or families of drugs, were found to develop only particular or specific diseases, and to have relation to none other, then, indeed, would the pathological condition be our guide to the selection of the remedy, instead of its symptomatic phenomena, and the rationale of homœopathic therapeutics a comparatively simple one, and the diagnosis of diseases a certain guide to their treatment, in a sense that it is not now. Inasmuch as drugs are not thus restricted in their action, but present phenomena oftentimes involving the entire organism, their therapeutic relations must be equally extensive and comprehensive.

A recognition of the fact that the relations of drugs to the organism, whether they are pathogenetic or therapeutic, are in accordance with the requirements of natural law, and thus in harmony with all other natural phenomena, with a knowledge of those relations, and of the

methods of their proper application, carries with it all that is essential for the constitution of such a system as a science—a science of therapeutics, and therefore involving all the capabilities for combination and re-combination that are found in the most exact sciences, mathematics, language, music and chemistry. The necessity for this harmonious combination of the symptoms of disease exists from the fact of their universality or catholicity, or, in other words, from the diffusiveness of their manifestations, as with words, figures and musical notes.

Any system of therapeutics that thus conforms to the requirements of scientific relationship, cannot, in any sense or in any degree, be regarded as sectarian; neither can its fundamental principles or elementary laws be the subject of opinion, or of private judgment, any more than can those of the sciences that have already been named; but, like those sciences that are not absolutely exact like mathematics, it is susceptible of development, and of more complete manifestation, but nevertheless imperative and arbitrarily exacting as to all those elements that make of it a science. Catholicism is here, as everywhere else, in opposition to sectarianism; and as science is, in the general, catholic and of universal application, so must it be in the particular; but catholicity does not necessarily tolerate license, or even perfect freedom of action, or liberty of opinion, but rather precludes them both, inasmuch as it demands the strictest adherence to definite laws, and in each department of science to those laws that govern its relations. Thus, the science of language, oral or written, is constructed from an infinitude of combination of words in accordance with its inherent rules; and the science of mathematics form a similar combination of figures, signs and symbols in the strictest conformity to its rules; and the science of music, from a like combination and re-combination of a few simple notes into melody, harmony and sentiment, from obedience to equally exacting rules. So also, medical science, which comprehends pathology and therapeutics, is, from the homœopathic stand-point, the resultant of an indefinite series of combination of otherwise incongruous and inharmonious symptoms, and this, too, in conformity with inherent and definite laws. In obedience to these laws, we find

symptoms arranging themselves into groups, representing and embodying individual drugs on the one hand, and distinct diseases, or definite pathological states on the other, a process that has its analogies in the three great kingdoms in Nature—the mineral, the vegetable, and the animal—a crystallization of kindred elements into a homogenous whole, a combination of diffused parts into harmonious relationship in accordance with definite and unvarying law. The adaptation of the correspondencies of these two methods of grouping diverse symptoms in drugs, and in diseases, constitutes the much vaunted, the much ridiculed, and the much perverted system of homœopathic therapeutics, symptoms that in both instances spring from a common cause, a disturbance of the equilibrium of the vital forces, and which tend to a common result, a restoration of that equilibrium. For, although symptoms are the exponents of pathological conditions presenting the phenomena of disease, they are also the faithful indices of Nature's reaction against it, and thus as truly presenting the phenomena of recuperation, and this whether they are the production of drug action, or of the ordinary causes of disease. Thus are they the physician's truest allies, inasmuch as they direct him unerringly to the character and conditions of disease not only, but also to the methods of combating it through those phenomena that are common to both pathological conditions and recuperative action. This cardinal feature of our therapeutics—the common mission of all symptoms—with the comprehensiveness of drug action, supplies the means for the systematic arrangement of symptoms into groups representing both individual drugs and distinct diseases.

It has been truly said that "Order is Nature's first law." The systematic arrangement of incongruous and mixed material is the first step, and the most important one, towards the establishment of scientific relationship; whenever this is competent, and to a good degree accomplished, we have the requisite basis for a distinct science, one that is susceptible of progressive development, the existence of which cannot be ignored, or set aside, and one that is not amenable to opinions or to belief, and this because it has its foundations laid upon laws and principles that are universal and invariable. Applying these principles to medicine, it is con-

clusively apparent that in homœopathy we have all the elements of scientific relationship, inasmuch as it fulfils all the conditional requirements for the establishment and development of a distinct science.

The points that I have sought to make and to maintain in this paper may be briefly summarized as follows:

First.—The universality of drug action, as established through the proving of drugs, both pathogenetically and clinically, by the diffusiveness of the symptoms that are thus created and made manifest.

Second.—The evidence, both analytically and synthetically, that is also thus afforded of the agency of natural laws in their production.

Third.—That symptoms, like words, figures, musical notes, and chemical elements, are susceptible of order, and of systematic and harmonious arrangement—crystallization—through the agency of natural laws.

Fourth.—That symptoms are at once the exponents of pathogenetic action, of pathological conditions and of recuperation, as they are also the measure of therapeutic indications.

Fifth.—That a system of therapeutics that recognizes and acts in harmony with these requirements is necessarily scientific.

Sixth.—That scientific relationship does not admit of the *largest* liberty of opinion or freedom of action, neither does it tolerate license on the one hand or sectarianism on the other.

Seventh.—Homœopathy, fulfilling all these obligations, and embodying all these elements, is consequently scientific and non-sectarian, and eminently catholic.

Finally and Inferentially.—In order to avoid the force and the legitimacy of the foregoing conclusions, it is necessary to take from the formula "*Similia Similibus Curanter*" the authority of a law of cure, and ascribe to it only that of a "*general guide* in the selection of remedies," as is now done by those who seek to bridge over the chasm that separates homœopathic from allopathic and eclectic therapeutics, that the advocates of "*rational and liberal medicine*" may consistently pass to the therapeutic methods and usages of those schools.

A RETROSPECT OF MATERIA MEDICA FOR THE YEAR ENDING 1877.*

BY MARY E. BOND, M. D.

(Lecturer on Mat. Med. at the N. Y. Med. College and Hospital for Women.)

PART II.

AMMONIUM PICRATE is a salt which has been recently brought to the notice of the profession as an anti-periodic by Dr. J. N. Linder, of Fairfield, Ill. This gentleman reported to the *Ohio Medical Recorder* that having had quite a number of cases in which *Quinine* and *Fowler's solution* failed to give permanent results or to effectually prevent recurrent attacks of intermittent fever, he employed *Picrate of Ammonium* always with success. He gave a child three years old one-sixth of a grain doses twice daily for three days, and to adults grain doses twice daily for three days. In no one of the cases related was he obliged to continue the remedy as a prophylactic. I remember to have seen this testimony corroborated in other accounts, I cannot recall where.

2.

Anti-hydropin is a crystalline body extracted from powdered cockroaches, (*blatta orientalis*.) It is believed to be their active principle. Powdered cockroaches are said to be a popular Russian remedy for dropsy. A Dr. Bogomolow, of St. Petersburg, has, according to the reports, given it a trial in nine cases of Bright's disease, heart disease, and other affections accompanied with severe dropsy. In all there was an increase of urine and perspiration, and rapid diminution of œdema. Also complete disappearance of albumen. The effect is not like *Cantharides*, an irritant action of the kidney. So far five or ten grains of the powder in the crude form has been the method of administration, but here seems to be another grand opportunity for the potentizing process to relieve the remedy of its mentally nauseating effect as it does with *Cimex*. A proving of anti-hydropin is in order. Further facts in regard to it I have not been able to find, and these presented are from the *Boston Journal of Chemistry*.

3.

Areca nuts are the seeds of the areca catechu, or betel-nut palm, which grows on the coast of

*Read before the Homœopathic Medical Society of the County of New York.

Malabar. The powdered nuts or seeds are strongly recommended by the editor of the *Forest and Field* for the removal of worms from dogs. He has supplied it to over three hundred persons, and received many accounts of satisfactory results. The dose suggested is two grains of the powdered nut to every pound of the animal's weight, to be taken after fasting. A veterinary surgeon declares it to be the best vermifuge in canine materia medica. I have found no record of its use for similar troubles in the human race, but having given the inferior animals the benefits of much of our own clinical experience, it seems only fair to reverse the process when we have the opportunity. Santonine has not been found to be altogether safe, and there is an opening for more agents in this capacity.

4.

Cereus Bonplandi was first suggested for medicinal use by Dr. Richard E. Kunzé, of New York, and in vol. IX., 1876, of the Transactions of the New York State Eclectic Society, may be found an excellent description of the plant, and a beautiful illustration of its magnificent night-blooming flowers—taken from specimens raised under his own care. In the same volume the *Cereus Grandiflorus*, another cactus and the handsomest of the night-blooming cacti, is described, and its stem, buds, and blossoms finely shown in a chromo-lithograph, which seems wanting only in the fragrance of the original. Dr. Kunzé regards the *Bonplandi* as superior to the *Grandiflorus* in medicinal properties, and gives a clinical record of several cases of heart disease in which he has tested its value. From his experience it would appear to be specially valuable in cases of angina pectoris, cardiac neuralgia, irritable heart with palpitation; and even in cases where organic lesions have occurred, it greatly relieved the distress, palpitation, dyspnoea, irregular action, and those disorders of circulation and sudden frights, which arise from insufficiency and irregular action. Dr. Goss, in the book on *New Remedies*, above referred to, freely gives his preference to *Cereus Bonplandi* over *Cereus Grandiflorus*, and cites the following symptoms as indications for its use: Sense of drawing or tightness about the heart, palpitation, worse from walking, or when lying on the left side, functional diseases increased by emotional excitement, fluttering sensation over

the coeliac axis, hypertrophy with enlargement, and the symptoms already mentioned for which it is prescribed by Dr. Kunzé.

(To be continued.)

Reports of Societies.

The regular monthly meeting of the Homœopathic Med. Society of the County of N. Y. was held May 8th, 1878, the President, Alfred K. Hills, M.D., in the chair.

The bureau of Surgery reported through its chairman, Dr. J. H. Thompson.

Dr. Thompson presented a very interesting case for the inspection of the members, of

FŒTAL ARREST OF DEVELOPMENT.

A male child born Nov. 12th, 1876, consequently 18 months old, is now, and always has been, perfectly healthy, but with a fœtal arrest of development of the left femur; the measurements of the perfect limb are, on the thigh, from trochanter to external condyle, $6\frac{1}{4}$ inches, leg, to external malleolus, 6 inches. The left one measures from the same points, thigh 3 inches, leg $5\frac{3}{4}$ inches, making the left limb actually $3\frac{1}{4}$ inches shorter than the right, though, on account of a slight flexion, the sole of the left foot is 4 inches from the floor. When he is standing on the long leg, the left limb is not quite as large in circumference as the right, but very nearly so. Both legs are equally strong, and the child can bear its weight upon either, though he has not yet learned to walk.

The mother, a lady in affluent circumstances, has had three other children, all of whom are perfectly formed and very healthy.

During her pregnancy with this child she never had a fall, neither did she meet with any accident, nor receive any impression from external objects which she could remember, or to which she could refer the want of development in the child, and her labor was quite normal.

This case has been seen by many eminent

men in this city, all of whom state that they never have seen a case in any way similar, and the only approximation I have ever seen in surgical literature is recorded in the Medical Record, May 25th, 1878, and in this case there was a deformity of the limb, whereas, in the case I have exhibited, the parts are well shaped.

Dr. Burdick said he had seen a case of premature birth at about the 8th month where neither the occipital bone nor the limbs were developed. Dr. Minor gave an analysis of fourteen (14) cases of "*Ovariectomy*" performed by him since 1870, and also the history of a case of "*Abscess of the vermiform appendix*, with recovery."

Dr. Ostrom reported a case of fracture of the humerus.

Dr. Arthur T. Hills reported a case of myxosarcoma of the inferior maxillary, with microscopic specimen, recurring during pregnancy.

President Breyfogle, in his annual address before the Indiana Institute of Homœopathy, said: "We have grown steadily in the confidence and good will of the public; but we must continue to practice vigilance. Even yet every act is carefully noticed, every statement distorted by our enemies, oftentimes being sent the rounds of the press for the purpose of shaking public confidence in homœopathy.

They would have the public believe that when a physician relieves a stomach overloaded with indigestible food, which is acting as an irritant, with an emetic, or relieves in a case of poisoning with an antidote, that he has acknowledged the want of confidence in the homœopathic law. Never! The statement is as false as it is ignorant. It is nowhere written in the world's history of any reform, whether social, political or otherwise, being totally overthrown, no matter how bitter the warfare waged against it.

Homœopathy is safe. The mass of educated, enlightened people are beginning to investigate; realizing that the human body is a delicate organization, and must be treated accordingly. Gradually it is dawning upon the minds of the public that the stomach is not an iron kettle, to be used as a receptacle for all the vile, nauseous mixtures so loathsome that it is impossible to force them unaided down the victim's throat. "Take this," said a physician lately to a patient,

"but you will find it impossible to swallow it without the use of lemons."

Homœopathy is yet in its infancy. Among its thousands of practitioners over our broad land are "weak vessels"—men who in themselves forget the dignity and nobility of their profession, and grow careless of their responsibilities. But, gentlemen, this infant will yet assume the stature of a giant; and our ranks will be filled with conscientious, educated men, raised up to the standard of an enlightened community. We have as yet only the faint shadow of an incoming dawn of the mellenium of medicine.

The principles of homœopathy have their origin in a universal and divine law; we have abundant facts in elucidation of this furnished us in medical science, chemistry, anatomy, agriculture, and even in the operation of the human mind. Overthrow this law, and homœopathy as a science is overthrown. If it is not a universal law of cure that will shorten the natural course of disease, and mitigate pain more than any other method, it does not deserve our respect and study. But we do believe in the divinity of this law. Believe that it was practiced unconsciously by physicians and people long before Hahnemann proclaimed it to the world. Four hundred and sixty years before Christ this principle had been enunciated by Hippocrates, the father of medicine: "That medicines sometimes acted according to the rule of similia."

The earliest known announcement of homœopathy is contained in a poem written by Antiphanes, who lived about the same time. Thus the germ existed through ages, but it remained for Hahnemann to start it on its upward way, and so it will go on to the end of all time. We are established upon a firm basis. Success will be ours, but to gain which, we must practice vigilance and truth. Let us meet every question in a liberal spirit, which characterizes those with truth for their object, and progress for their watchword."

BOSTON UNIVERSITY SCHOOL OF MEDICINE.

This school has, from its very commencement, taken advanced ground on the subject of Medical education; and the sixth annual announcement and catalogue, just received, shows, in the following extract, its past and present position.

"For several years prior to the founding of this School there had been a profound dissatisfaction with the state of medical education in this country. This dissatisfaction seemed to be shared by every branch of the profession, whatever its principles or practice. The laxity of the existing schools with respect to the qualifications of students for admission, the period of their attendance, the conditions of promotion and of admission to the degree of Doctor of Medicine, was almost universally felt to be disgraceful. During the decade immediately preceeding 1873 several praiseworthy efforts were made in some of the stronger institutions to correct one or another of these perceived defects, but in no case was it attempted to correct them all. The Boston University School of Medicine was the first, and it remains the only one, to present in combination the following essential elements of a thorough reform in this department of education:—

"*First.* The requirement that the candidate for admission must either present the diploma of a Bachelor of Arts, or pass a suitable entrance examination.

"*Second.* The provision of a carefully graded course of instruction covering three scholastic years.

"*Third.* The requirement that every student pass a successful examination upon the work of each year before promotion to the next.

"*Fourth.* The requirement, as a condition of graduation, not merely that the candidate shall have studied medicine three full years, but that he shall have attended a reputable medical school for three years.

"*Fifth.* A Faculty trained in, and practically acquainted with, the inmost principles and peculiarities of both the conservative and the progressive branches of the profession.

"*Sixth.* The abolition of all sex-disabilities, either in teaching or learning.

"The unexampled success which has attended the new institution is sufficient evidence that the attempted reform is fully sustained by the public sentiment of the country. Encouraged by this support, the authorities of the School have decided to announce other advance measures. These are,

"1. The introduction of two new *Elective Courses* of three years;

"2. The restoration of the long-lost degrees of *Bachelor of Medicine* and *Bachelor of Surgery*;

"3. The provision of two optional *Four Years' Courses* for those who wish to pursue their professional studies with exceptional thoroughness, and with suitable leisure for collateral reading; and

"4. The extension of the lecture term of each year from five months to *eight months*.

"Under this arrangement, the Sixth Annual Course of Lectures will commence on Wednesday, Oct. 9, 1878."

From the foregoing, it will be seen that this Medical School requires from its matriculants a careful preparation before commencing the study of medicine; and the attendance for three full years, each comprising eight months of instruction. This is its *minimum course* for graduation. For those desiring more extended study, with broader collateral reading, a Four Years' Course has been provided. With pecuniary and social conditions favorable to this School, and a large and influential Faculty devoted to its interests, there can be no doubt of its continued success; and though it now numbers nearly two hundred students, let us hope that that number will soon be doubled.

By applying to the Dean, Dr. I. T. TALBOT, 66 Marlborough Street, Boston, announcements or any information regarding the School may be obtained.

HOMŒOPATHIC HOSPITAL,

WARD'S ISLAND, N. Y.

The results achieved during the first six months of the current year at the Homœopathic Hospital on Ward's Island fully confirm the most sanguine hopes entertained by the friends of Homœopathy, which have undoubtedly been encouraged by the able and exhaustive report for last year, by the efficient Chief of Staff, A. W. Holden, M.D.

Since the 1st of January, the total number of patients admitted up to July 1st is 1751, of whom 155 were insane females. The total number discharged during the same period is 1679, including 159 insane. The deaths ranged through the successive months, Jan., 17; Feb., 13; March, 19; April, 18; May, 20 and June, 15, making a total of 102, of whom three were insane. The average number of patients under treatment during the half year has been about 520.

Although, as a general rule, the class of cases assigned to the Institution are not such as are likely to yield a brilliant result, the majority of the most interesting being retained at Bellevue Hospital, still several highly successful and difficult operations have been performed, among

which a few of the most remarkable are deemed worthy of publication.

Ovarian Tumor. Mrs. Jemima H—, 57, married, native of England, admitted to Hospital March 15th. Married at the age of 19; had 10 children. About three (3) years ago received a severe fall, after which the abdomen became enlarged, gradually and steadily increasing until it became enormous. Patient was under the care of several physicians who diagnosticated dropsy and various other diseases, but finally applied to Wm. Tod Helmuth, M. D., who pronounced the disease to be Ovarian Tumor, and sent her to the Hospital where he operated on her, March 27th, removing a (multiple) cystic tumor weighing 40 lbs. The patient was treated according to Lister's antiseptic method, and was discharged cured on April 14th. Mrs. H—has been seen several times since, and found to enjoy excellent health.

Cyst of Broad Ligament. Mrs. Bl.—, 42, native of U. S., admitted to Hospital April 16th. This patient also exhibited considerable abdominal enlargement, which had been pronounced by several distinguished surgeons to be due to ovarian tumor, which they proposed to remove. She consulted Dr. Helmuth, who drew some of the fluid, and decided that it was a case of Cyst of the Broad Ligament. By means of the aspirator, 270 ozs. of clear, colorless fluid were evacuated, showing by its character that it was not due to ovarian trouble. The patient was able to sit up on the 2nd day, and was discharged on the 4th day after the operation, completely cured. Her health has since been good. The medical treatment in this case was *Apis Mellifica*.

Dr. Minor was extremely successful with a case of Rhino-plastic surgery. Dr. F. E. Doughty, performed amputation of the leg at the upper third; this being the second amputation, made necessary by the impossibility of getting the original stump to heal, resulting in caries of the tibia.

Dr. J. H. Thompson removed an epithelioma of large size from the lip of Joseph M—, who was discharged cured in two weeks after.

Dr. Curtiss of the house staff, under the advice of the visiting surgeon, extracted a diseased testicle from Charles M—, a young man 36 years old, native of U. S., and of very scrofulous diathesis. Notwithstanding the unfavorable con-

stitutional condition, recovery was rapid and complete.

Several other minor operations which our limited space forbids us to mention, were also performed, and in nearly every case with most satisfactory results.

The Chief of Staff has been most assiduous in seeking every opening for the introduction of any species of improvement in the economy of the Hospital, and the Institution at present reflects the highest credit upon him and the Commissioners of public charities and correction, under whose supervision and control it is placed.

CHILDREN'S HOSPITAL, FIVE POINTS HOUSE OF INDUSTRY.

ST. CLAIR SMITH, M. D. } *Att'd'g Physicians.*
DWIGHT B. HUNT, M. D. }
F. E. DOUGHTY, M. D., *Attending Surgeon.*
R. OLIVER PHILLIPS, M. D., *Resident Physician.*

REPORT FROM MARCH 1, 1877, TO MARCH 1, 1878.

During the past year one thousand one hundred and sixty-six cases occurred and two thousand six hundred and twenty-eight prescriptions were dispensed. Four persons were sent to other hospitals, leaving one thousand one hundred and sixty-two to be treated at the house. Of the cases treated nine were diphtheria, twenty-three scarlet fever, twenty-three measles, eight bronchitis, seven pneumonia, four pleurisy, twenty-two acute Bright's disease of the kidney following scarlet fever, and three hundred and twenty of the various forms of ophthalmia.

Scarlet fever has been epidemic and followed in all cases save one, by disease of the kidney. Of the nine cases of diphtheria treated, two were of the most formidable character, all of which recovered.

Only three deaths have occurred, one from consumption and two from sequela of scarlet fever.

Six hundred and ninety-one have been vaccinated. For fourteen years no case of small-pox has occurred in the institution.

Dr. R. Oliver Phillips resigns his position as Resident, to enter into private practice at Yonkers, N. Y. Dr. Edward Chapin is his successor.

Medical Items and News.

The seventh annual report of the State Hom. Asylum for the Insane, at Middletown, has been received, and reflects great credit upon its author, Dr. S. H. Talcott, the Medical Superintendent. The report shows the institution to be in a most flourishing condition, and as there are now about 150 patients, nearly filling the present buildings, we hope soon to hear that the proposed additional building has been commenced. An excellent opportunity will be afforded to visit the institution, at the time of the State Society meeting, September 17th, and we hope the members of the profession and their ladies will accept the hospitality of the trustees upon this occasion.

The Department of Public Works has adopted a questionable policy affecting the public health, which should receive that consideration its importance demands at the hands of the citizens of New York. *A tax of five dollars has been imposed upon house-holders for the use of Croton water in washing sidewalks; and as comparatively few will comply with this imperative and unusual demand, the sidewalks in front of residences must remain filthy.* Now, it seems to us that it is the duty of our Health Department, which is paid for similar work, to see to it that this rule—in conflict with cleanliness, and hence with the public health—is repealed! Yea, even offer a premium, if need be, for such service, to the end that not only the sidewalk, but the street also, may be thoroughly wet down every morning, when necessary. We are told that this rule has been adopted for the purpose of making positions for a few more Tammany politicians, and public health or anything else must not stand in the way of such an important measure. If we demur, they answer in the language of their late chief, "What are you going to do about it?"

The death of Madam Hahnemann, recently announced in the Paris Journals, recalls her somewhat romantic marriage with Hahnemann. A lady of wealth, beautiful and thoroughly accomplished, came under Hahnemann's professional care. The old man became deeply attached to his beautiful and charming patient, proposed and was accepted. A feeling of gratitude on her

part soon ripened into love, and the closing years of the great master were made happy by those comforts and attentions which none but a loving wife can give. Madam Hahnemann carefully studied her husband's profession, materially aiding him in his professional work, and retaining after his death, the respect of his friends and a large share of practice.

HOMŒOPATHIC MEDICAL SOCIETY OF THE STATE OF NEW YORK.

The Semi-annual meeting of the Society will be held at the *Asylum* Middletown, Sept. 17th, and 18th, 1878.

As guests of the trustees of the Asylum and of the Orange Co., Society, the members may rest assured of a warm reception.

Banquet on Tuesday evening.

It is expected that the entire session will be devoted to scientific subjects.

The *Erie Railway* will furnish special car by 9 A. M. train (8.45 from 23rd St.) with excursion tickets at \$2, from New York, and at half fare from other points if purchased of the undersigned in advance—An early application is desirable.

It is hoped many members of the "fair sex" will also be present.

Members will aid in the arrangement of business by sending titles of papers to the undersigned as soon as possible.

ALFRED K. HILLS, M.D., *Rec. Sec'y.*

Vol. XIV Trans. is now in press and those who desire copies must send \$1. at once to the Treas., E. S. Coburn, M.D., Troy, N. Y.

The German Bathing Salt is an excellent adjunct to the treatment of cholera infantum; soothing, refreshing, and keeps down the temperature.

Horlick's is also one of the best of foods in these cases.

NEW YORK OPHTHALMIC HOSPITAL.—Report for June.—No. of prescriptions, 3291; new patients, 372; patients resident in hospital, 45; average daily attendance, 132; largest daily attendance, 178.—J. H. BUFFUM, M.D., *Resident Surgeon.*

During the month of June, there were treated at the Brooklyn Homœopathic Dispensary, 913 new patients; to these were issued 1,913 prescriptions.—J. A. LEWIS, M.D.

The OFFICE formerly occupied by Dr. Helmuth, at 21 West 37th St., is to rent with large closet, reception room, and all modern conveniences.

GERMAN BATHING SALT

Westeregel, Germany.

Guaranteed a Pure Mineral Salt, claimed and conceded to be the Purest and Best Bathing Salt known to the Medical Profession and offered to the Public.

Dissolving instantly, its use is no trouble, but a great pleasure to the healthy and well, and an invigorating tonic to the weak and sick. It has Cleansing properties superior to any soap, (use without soap,) making the skin cool, soft, smooth, and free from the sticky feeling inseparable from the rock or sea salt.

It Cures Diseases of the Skin, relieves Neuralgic and Rheumatic pains, Restores Nervous strength, and has a remarkable soothing influence on painful hemorrhoids. It allays inflammation and soreness caused by bruises, contusions or cold. It rests tired feet and aching limbs, toning up an over-strained system for refreshing sleep or an enjoyable meal.

ANALYSIS.

TRUE SEA SALT.

Chloride of Sodium.....	78.61
" Magnesia.....	8.56
Sulphate of Lime.....	3.47
" Magnesia.....	6.42
Chloride of Potassium.....	1.34
Carbonate of Lime.....	0.27
Bromides and Iodides.....	Traces.
Ammonia and Silver.....	Traces.

GERMAN BATHING SALT.

Chloride of Sodium.....	41.
" Magnesia.....	11.06
Sulphate of Lime.....	6.12
" Magnesia.....	9.02
Chloride of Potassium.....	10.04
Oxide of Iron.....	3.08
Bromine and Iodine.....	2.05
Water.....	17.63

TURKS ISLAND SALT.

Known as the SEA SALT OF COMMERCE, sold for the Bath as evaporated Sea Water :	
Chloride of Sodium.....	96.76
" Magnesium.....	0.15
Sulphate of Lime.....	1.56
" Lime and Soda.....	.64

This is of no more value to the Bath than Common Rock Salt.

The GENUINE BATHING SALT has all the component parts of True Sea Salt. It makes an excellent Gargle and Saline Aperient. For sale by Druggists, and

THE WESTEREGELN CARNALLIT CHEMICAL CO.,

120 Liberty Street, N. Y.

ELECTRICAL APPARATUS.

THE BEST IS ALWAYS THE CHEAPEST.

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Diseases and Affections of the Skin proper,

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LÖEFLUND'S EXTRACT OF MALT.

It is recommended to physicians for its *purity and superiority* over all others. It is perfectly free from *Alcohol, Carbonic Acid and Emphyreumatic products*, which can only be attained by the *most careful manipulations*, in its manufacture, *long experience*, and by means of *unexcelled apparatus*. Mr. Ed. Löeflund, of Stuttgart, Germany, manufactures only Malt Preparations, devotes his whole time to these, and being a thorough chemist, makes a preparation based upon *scientific principles*. For this reason his preparations were awarded a *Prize at the Centennial Exhibition*.

Löeflund's Concentrated Extract of Malt is a *Resolved Emollient* and a most powerful *Nutrient*. It is used for diseases of the *respiratory organs pulmonary complaints*, and for diseases originating in *imperfect digestion*.

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Löeflund's Extract of Malt Lozenges.—Contains a large proportion of Extract of Malt, and are *very efficacious* as well as highly agreeable *Cough Lozenges*. Price, 25c. per Package.

All the above preparations are kept by the leading Druggists. Orders by mail promptly filled by

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THE rapidly increasing demand for our IMPROVED EXTRACT OF MALT, during the four years that it has been manufactured and offered to the medical profession in America, justifies the belief that in its production here we are meeting a generally felt want.

Long experience in manufacturing Malt Extract has enabled us to completely overcome the many difficulties attending its manufacture in large quantity; and we positively assure the profession that our Extract of Malt is not only perfectly pure and reliable, but that it will keep for years, in any climate, without fermenting or molding, and that its flavor actually improves by age. Our Extract is guaranteed to equal, in every respect, the best German make, while, by avoiding the expenses of importation, it is afforded at less than half the price of the foreign article.

The Malt from which it is made, is obtained by carefully malting the very best quality of selected Toronto Canada Barley. The Extract is prepared by an *improved process*, which prevents injury to its properties or flavor by excess of heat. **It represents the soluble constituents of Malt and Hops**, viz.: MALT SUGAR, DEXTRINE, DIASTASE, RESIN and BITTER of HOPS, PHOSPHATES of LIME and MAGNESIA, and ALKALINE SALTS.

Attention is invited to the following analysis of this Extract, as given by S. Douglas, Professor of Chemistry, University of Michigan, Ann Harbor.

TROMMER EXTRACT OF MALT CO:—I enclose herewith my analysis of your Extract of Malt:

Malt Sugar 46.1; Dextrine, Hop-bitter, Extractive Matter, 23.6; Albuminous Matter (Diastase), 2.469; Ash—Phosphates, 1.712. Alkalies .377; Water, 25.7. Total, 99.958.

In comparing the above analysis with that of the Extract of Malt of the German Pharmacopœia, as given by Hager, that has been so generally received by the profession, I find it to substantially agree with that article.

Yours, truly,

SILAS H. DOUGLAS,

Prof. of Analytical and Applied Chemistry.

This invaluable preparation is highly recommended by the medical profession, as a most effective therapeutic agent, for the restoration of delicate and exhaustive constitutions. It is very nutritious, being rich in both muscle and fat producing materials.

The very large proportion of *Diastase*, renders it most effective in those forms of disease originating in *imperfect digestion of the starchy elements of food*.

A single dose of the **Improved Trommer's Extract of Malt**, contains a larger quantity of the active properties of Malt, than a pint of the best ale or porter; and not having undergone fermentation, is absolutely free from alcohol and carbonic acid.

The dose for adults is from a dessert to a tablespoonful three times daily. It is best taken after meals, pure, or mixed with a glass of milk, or in water, wine, or any kind of spirituous liquor. Each bottle contains ONE and ONE-HALF POUNDS of the Extract.

Our PREPARATIONS OF MALT are for Sale by Druggists generally throughout the United

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" " Cod Liver Oil,.....	1 00	" " Alteratives,.....	1 50
" " Cod Liver Oil and Iodide of Iron, 1 00		" " Citrate of Iron and Quinia,...	1 50
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Extract of MALTED, BARLEY, WHEAT and OATS.

THIS PREPARATION CONTAINS

From Three to Five Times the Medicinal and Nutritive Elements found in EXTRACT OF MALT.

MALTINE is a highly concentrated extract of malted Barley, Wheat and Oats, containing, undiminished and unimpaired, all the medicinal and nutritious principles found in these cereals. By the most carefully conducted scientific process we are enabled to offer to the medical profession a perfect article, possessing from three to five times the therapeutic and nutritive merit of any foreign or domestic Extract of Malt.

In support of our claims we invite the attention of the profession to the following points, viz:

FIRST: In the manufacture of **MALTINE** the evaporation necessary to reduce it to its great density is conducted in vacuo at a temperature ranging from 100 deg. to 120 deg. Fahr; while most manufacturers of Extract of Malt resort to "open pan" or low pressure steam boiling, by neither of which processes can the extract be so produced as to preserve the Diastase, Phosphates and albuminoids on which its remedial value so greatly depends, and the product is either of a dark color or of low specific gravity, possessing little value aside from the saccharine matter which it contains.

SECOND: Carbon, Hydrogen, Nitrogen, Phosphorus, Sulphur, Iron, Magnesium and Potassium are essential elements in the food of man; and it is only in **MALTINE**, containing the combined properties of malted Barley, Wheat and Oats that all these principles can be found in the proper proportions; Extract of Malt made from Barley alone is wanting in some of the most important of these elements.

THIRD: Gluten is most nutritious principle found in these cereals, and the only vegetable substance which will, alone, support life for any great length of time. It is composed of three distinct nitrogenous principles, together with fatty and inorganic matters, and is analogous to animal fibrin. **MALTINE** contains twenty times the quantity of Gluten found in any Extract of Malt.

FOURTH: LEBIG says, "Wheat and Oats stand first among our list of cereals in combining all the elements in proportions necessary to support animal life. They are especially rich in muscular and fat producing elements." The only reason we use Malted Barley in the manufacture of **MALTINE** is that it contains larger proportions of mineral matters (bone producers) and Diastase. It is deficient in all other essential elements.

We believe that any practitioner will readily recognize the superiority of **MALTINE**, and would request a trial and comparison of merits with any article offered for similar uses.

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Indigestion, Imperfect Nutrition and Deficient Lactation; Pulmonary Affections, such as Phthisis, Coughs.

Colds, Hoarseness, Irritation of the Mucous Membranes, and Difficult Expectoration; Cholera

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whenever it is necessary to increase the vital forces and build up the system.

WE Manufacture the following preparations, the formulas and doses of which are given in our Dose Books and on the Label attached to each bottle:

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MALTINE, FERRATED:

This combination is especially indicated in Anemia and Chlorosis, and all cases of defective nutrition where Iron is deficient in the system.

MALTINE WITH PHOSPHATES, IRON AND QUINIA;

A powerful general and nutritive tonic.

MALTINE WITH PHOS. IRON, QUINIA AND STRYCHNIA:

A powerful nutritive, general and nervous tonic.

MALTINE WITH HYPOPHOSPHITES:

This preparation is specially indicated in Phthisis, Rickets and Deficient Ossification.

MALTINE WITH PEPSIN AND PANCREATINE:

One of the most effective combinations in Dyspepsia, Cholera Infantum and all diseases resulting from imperfect nutrition. It contains three of the all-important digestive agents, Diastase being one of the constituents of the **MALTINE**. We believe there are few cases of Dyspepsia which will not readily yield to the medicinal properties of the above combination, while the system is invigorated by its nutritive qualities.

MALTINE WITH BEEF AND IRON:

One of the most valuable combinations in cases of general debility when there is deficient nutrition and a deficiency of Iron in the system.

MALTINE WITH COD LIVER OIL:

The most perfect emulsion, and most agreeable and effective mode of administering this nauseous but valuable Oil yet discovered.

MALTINE WITH COD LIVER OIL AND PHOSPHORUS:

In this combination the Phosphorus has no irritant effect upon the stomach.

MALTINE WITH COD LIVER OIL AND IODIDE OF IRON:

This is prepared with the tasteless Iodide of Iron, which undergoes no chemical change from contact with the Oil, and does not blacken the teeth.

MALTINE WITH ALTERATIVES:

In this preparation **MALTINE** is combined with the most valuable Alteratives known, such as Iodides, Bromides and Chlorides, and will fully meet the requirements of the practitioners in Syphilis, Scrofula, and all depraved conditions of the blood.

Each fluid ounce contains: Chloride, Calcium 10 grains; Chloride Magnesium, 10 grains; Bromide Sodium, 5 grains; Iodide Potassium, 1 grain; Iodide Iron, $\frac{1}{4}$ grain. Dose, One teaspoonful to one tablespoonful.

We also manufacture a perfectly prepared EXTRACT OF MALT, from Barley only.

MALTINE preparations are sold at the same prices as EXTRACT OF MALT and its combinations, and are put up in amber bottles holding sixteen fluid ounces, each bottle inclosed in a folding paper box.

REED & CARNICK, Manufacturing Pharmacists,
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The Blanchard Foods.

BASED upon the fact that the human body in health or disease has but one natural want, that of sufficient proper food, the nutritious elements of WHEAT, BEEF and MILK have been *concentrated* in these foods, and submitted to a process of *artificial digestion*, by which they are fitted to quickly enter the circulation, and thereby feed the nervous tissue in a natural manner, strengthening every organ of the body and relieving all conditions of debility, whether of the nervous system or of the digestive organs.

The **BLOOD** and **NERVE FOOD**, or **TONIC EXTRACT OF WHEAT** contains in every quart the vital nutritive elements of a bushel of wheat, *void of all starch*, being a nerve building food with which all phases of nervous debility may be met that underlie all forms of chronic disease. Its great value consists in the fact, that the *vitalized* condition, given by *vegetable growth* to the *chemical elements* of the *grain*, has not been destroyed in the process of their elimination from the exterior of the Wheat Kernel.

The **FIBRIN** and **WHEAT** is prepared for conditions of greater debility, and by the process of semi-digestion, is fitted for the delicate and diseased stomach.

Every quart of this preparation contains the vital, nutritive elements found in one-half bushel of wheat, and the fibrin contained in sixteen pounds of beef.

It should be used to prepare the stomach for the Blood and Nerve Food, in all cases of irritation or ulceration of the mucous membrane. All cases of chronic constipation may be radically overcome by its use.

The **BEEF** and **MILK** is also a semi-digested food, prepared for the *most* delicate and diseased condition. In each quart of this preparation are the vital nutritive elements contained in thirty-two pounds of beef, and sixteen quarts of milk; it can be used when no other will assimilate, and by enema if the stomach will not bear it; to be followed by the stronger elements, the Fibrin and Wheat, and later, by the Blood and Nerve Food or Tonic Extract of Wheat.

These foods are to be administered after the regular meals, in quantities commencing, for Children, with five or ten drops; for Adults, a half teaspoonful, gradually increasing to a tablespoonful, varying with the age and condition of the patient. In many debilitated cases they furnish all the nutrition necessary. They are compatible with all therapeutical agents, except the mineral acids.

The **CARBONACEOUS FOOD** is designed for EXTERNAL APPLICATION to the body. It is so compounded chemically, that upon its application to the surface of the body it is *rapidly absorbed into the circulation*, thereby *relieving the stomach of the Labor incurred in the function of Digestion*. This preparation should be used in all cases of Chronic disease based upon Nervous Debility, and to which the Nerve and Muscle Building forms of food are applicable. It is not perhaps *indispensable*, but it will hasten and increase the chances of recovery by relieving the stomach of a laborious function. It simply *supplies* fuel to the tissues of the human body to support animal heat.

Better effects are experienced by the EXTERNAL APPLICATION of this food than by the INTERNAL USE of Cod Liver Oil, the practical effects of the two BEING IDENTICAL.

The **LIFE FOOD** is composed of the same elements as the Fibrin and Wheat, though not so strong; and the condition of artificial digestion has been carried further, so that it will almost instantly enter the circulation and give immediate invigoration. It may be used at any time, and with milk is a delightful drink. It is desirable to be used when a patient is subject to a sense of prostration, mental or physical, between meals, as supplementary to the other foods.

Full information given by Circular or otherwise on application.

These Foods are Manufactured under the supervision of VIRGIL W. BLANCHARD, M. D., and Sold by the

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Which the celebrated SELTZER SPRING of Germany has maintained during many years, for the therapeutic value of its waters, is a fact well understood by the Medical Profession. The testimony of large numbers receiving benefit from their use is conclusive proof as to their efficiency.



an artificial combination of the essential elements of these waters, as ascertained by strict chemical analysis, discarding those substances which are inert, and retaining those only which have a positive therapeutic value.

These waters belong to that class known as ACIDULO-ALKALINE, which owe their medicinal virtues to the Carbonic Acid and to the salines in combination. Hence, they act chiefly on the digestive, renal and nervous systems.

As a Saline Cathartic,

we especially recommend our preparation to the careful consideration of physicians. In all disordered conditions of the digestive organs, especially when connected with hepatic derangement; in those congestive states of the alimentary canal and appendages peculiar to warm seasons and tropical climates; in the various forms of Dyspepsia, including Constipation, Acidity, Heartburn, etc., in Uterine disease, connected with an inactivity of the large intestines; as also in the nausea of pregnancy; in febrile conditions; in short in all those types of disease where Saline Purgatives are indicated, we have no hesitation in recommending it as a mild yet efficacious cathartic.

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its action is none the less marked, for in diminished doses, its influence is transferred to the renal system. Hence in Rheumatism, Gout, Dropsy, and diseases of the Urinary system, the SELTZER APERIENT can be relied upon to correct the acidity of the urine, and promote a copious renal secretion.

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Instead of nauseating a delicate stomach, it is cooling, refreshing, invigorating, making it especially desirable in that class of diseases where salines are administered in frequent and long-continued doses. It is

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As a dressing for WOUNDS, CUTS, BRUISES, BURNS, SPRAINS, PILES, RHEUMATISM, SKIN DISEASES, CATARRH, SORES or ERUPTIVE DISEASES, and all contused and inflamed surfaces, it is not equaled by any known substance.

In the treatment of COUGHS, COLDS, CROUP, DIPHTHERIA, and of THROAT and CHEST complaints the best results are obtained. 25c., 50c. and pound cans \$1.00.

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